

1990

MARGIN RESERVED FOR BINDING
PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		State File No. <u>342</u>		Registered No. <u>16</u>	
County <u>Mohave</u>		State <u>Arizona</u>			
District or Township <u>Kingman</u>		or Village		or	
City <u>Kingman</u>		No.		St. Ward	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>John S. Cox</u>					
(a) Residence. No. <u>Payson Arizona</u> St. Ward.					
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred yrs. <u>6</u> mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.			
<u>Male</u>	<u>White</u>	<u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day and year) <u>Feb 8 1858</u>					
7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.	
<u>69</u>	<u>2</u>	<u>2</u>	<u>2</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Retired</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>Stephensville</u>					
(State or country) <u>Texas</u>					
10. NAME OF FATHER <u>H. W. Cox</u>					
11. BIRTHPLACE OF FATHER <u>Chillicothe</u>					
(State or country) <u>Mo.</u>					
12. MAIDEN NAME OF MOTHER <u>Mary Alard</u>					
13. BIRTHPLACE OF MOTHER <u>Boonville Mo.</u>					
(State or country)					
14. Informant <u>Elie Cox</u>					
(Address) <u>Kingman Arizona</u>					
15. Filed <u>Apr 13</u> 19 <u>27</u> <u>Mrs Margaret Doherty</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH (month, day, and year) <u>Apr 10 1927</u>					
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Semile gangrene of foot</u>					
(duration) yrs. mos. ds.					
CONTRIBUTORY <u>Valvular disease of heart</u> (Secondary)					
(duration) yrs. mos. ds.					
18. Where was disease contracted If not at place of death?					
Did an operation precede death? Date of _____					
Was there an autopsy?					
What test confirmed diagnosis?					
(Signed) <u>William C. Ford</u> M. D. <u>April 13th</u> 19 <u>27</u> (Address) <u>Kingman</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Kingman Ariz</u> DATE OF BURIAL <u>Apr 13-27</u>					
20. UNDERTAKER <u>Wm Marten</u> ADDRESS <u>Kingman Arizona</u>					